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ABSTRACT

The monograph includes three papers on the provision of school psychological services in secondary schools. "Perspectives in Psychological Services at the Secondary School Level" (by K. Hinkle and S. Sommers) provides a state of the art review of past, present, and future trends. D. McEchron's paper "School Psychological Services in the Secondary Schools", includes discussion of such issues as learning disabilities, mental disabilities, and crisis intervention. The final paper is titled "School Psychological Services at the Secondary Level" by D. Scarborough and reviews the author's functions as a high school psychologist in such areas as counseling, assessment, and consultation. (DB)

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School Psychological Services

Secondary Schools

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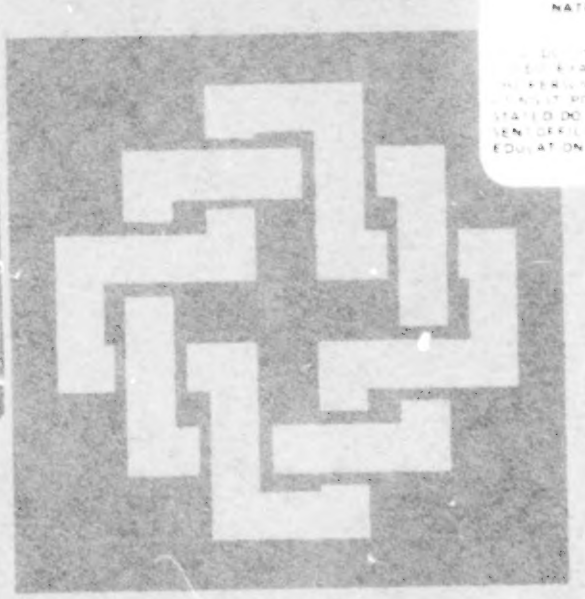

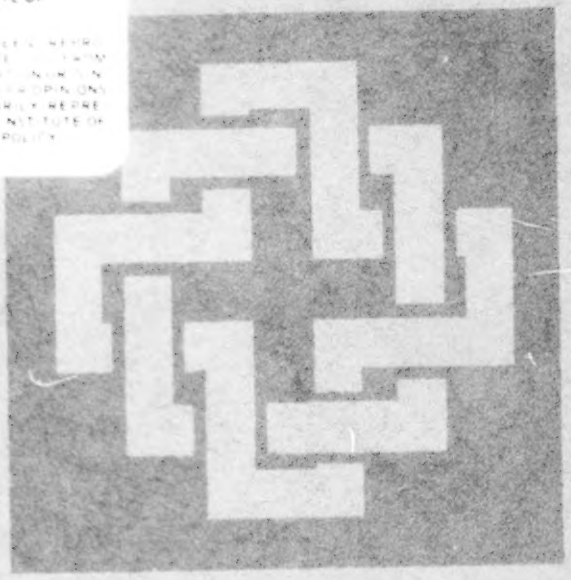

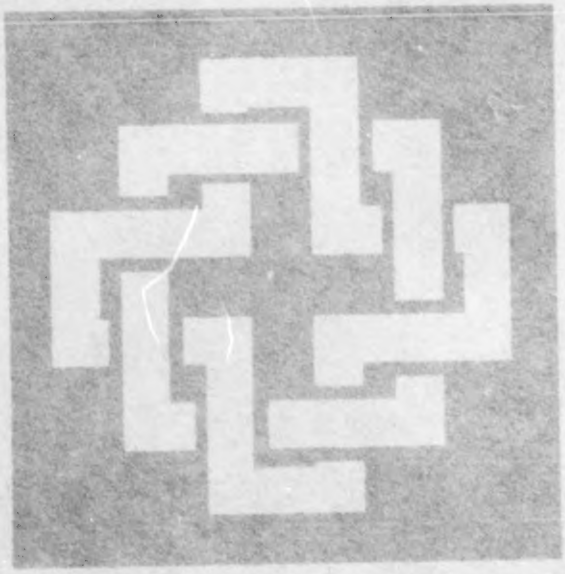

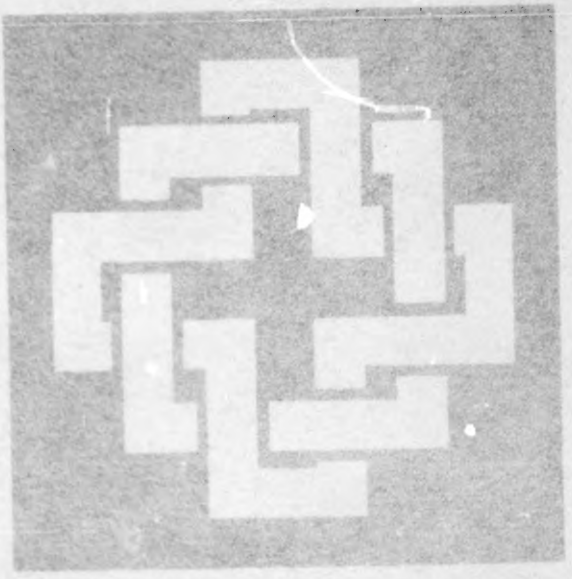

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INTRODUCTION

This publication contains three articles all looking at the topic of providing school psychological services in secondary schools. Each article presents a unique point of view of psychological services based on the skills and training of the psychologist and nature of the schools serviced.

It is not the intent of this publication to present a definitive statement on school psychology in secondary schools. On the contrary, this publication is intended to offer varied perspectives concerning how school psychological services might be conceptualized and provided in the secondary school setting.

It is recognized that school psychologists have worked more frequently with elementary schools and it is recognized that this service pattern is changing. Hopefully you will find this interesting reading and helpful in determining the nature of services in secondary schools where you may be working.

A special word of thanks and appreciation is extended to the four authors who accepted the challenge and provided the material for this publication. Iowa is fortunate to have good psychologists such as:

Kerry Hinkle

Dave McEchron

Dave Scarborough

Sandi Sommers

It should be noted that this publication presents the psychologist's viewpoint. You may well ask "What do the consumers think of this service?" On the next page is a letter from Dr. Carroll S. Bogard, the Principal of Mason City High School, a building served by Dave Scarborough. Dr. Bogard speaks clearly to the value he places on psychological services in secondary schools.

Jeff Grimes
Consultant for Psychological Services
Iowa Department of Public Instruction

August 1977

MASON CITY COMMUNITY SCHOOLS
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July 27, 1977

Mr. Jeffery Grimes
Department of Public Instruction
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Des Moines, Iowa 50319

Dear Mr. Grimes:

The provision for psychological services at the secondary level, as a result of the A.E.A.'s formulation, has greatly enhanced our ability to help students. Previous to A.E.A. and the instigation of their psychological services, we could expect to wait from two to six months before we were able to get an examination and follow up to a student at the secondary level as most of the services then provided were devoted to elementary students. This past year we had approximately fifty students referred with follow up completed within one year in most instances.

School psychological services and the result depend a great deal on the ability of the psychologist. In dealings with parents and students at the secondary level, a great deal of ability is required to explain clearly in laymen's language exactly what the testing and the result recommendations are going to be. A lot of misunderstanding can take place which might prevent any future results if care in explaining and suggesting the follow up activities are not taken.

We are fortunate in Mason City to have a school psychologist assigned to the high school several days in a schedule cycle and we have worked very closely with Dave Scarborough in contacting parents and in explaining the purpose of our activities with these students who are in need. Several students this year were processed, activities outlined, and suggestions made as to how they could proceed more effectively in a school setting that in previous years we had very little success with. The value of psychological services at the secondary level can easily be grossly underestimated and I would hope that we do not have to ever return to lesser quality and quantity of additional help than we are now getting in order to help these youngsters outside of the classroom.

I recommend school psychological services highly and feel that it is a most needed function in order for a high school to be successful.

Sincerely,
Carroll S. Bogard
CARROLL S. BOGARD

CSB:mm

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PERSPECTIVES IN PSYCHOLOGICAL SERVICES AT THE SECONDARY SCHOOL LEVEL

By

K.T. Hinkle S.K. Sommers

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B. Contrasting Psychological Services at the Secondary Level to Services at the Elementary Level

II. Establishment of Psychological Services at the Secondary Level

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IV. Issues in Psychological Services at the Secondary Level

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B. Counseling
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INTRODUCTION

In the past decade, school psychological services in the state of Iowa have undergone various changes. One of the major changes has been the greater expansion of these services into the secondary school system. The major intent of this paper is to trace the development, propose steps for implementation, and discuss the current issues and future trends relating to psychological services as they apply to rural and urban secondary schools.

PSYCHOLOGICAL SERVICES IN RETROSPECT

HISTORICAL PERSPECTIVE

In the early 1900's, the prevailing educational philosophy emphasized educational experiences as a right of all children. As a result of the implementation of this philosophy, the realization of the vast differences in students was brought to light. Consequently, the task of providing educational services to all children became a major concern. This concern was enhanced by a large number of teachers who felt it advantageous for education in general if the poorest learners were removed from their classrooms. Subsequently, special education classes were set up for the mentally retarded child.

It was during this early development of special education that the term "school psychologist" was first used. It was the role of the school psychologist to identify and program for children who were referred to as "mentally backward". For many, the terms "psychologist" and "testing" became synonymous.

Following the testing and identification movement brought about by special education, diagnostic clinics began to appear emphasizing remedial approaches to educational problems. Stemming from the guidance movement which used individual counseling techniques, further impetus was given to the diagnostic-remediation role of the psychologist. This later trend was reinforced by the mental health movement, focusing on prevention, and which served to further support the role of the school psychologist as a clinician.

Thus, in the early development of school psychological services, we see the emergence of two prevailing roles; that of testing and making recommendations for placement in special classes, and that of the clinician who did intense individual work with a small percentage of children who demonstrated adjustment problems.

Contemporary roles of the psychologist has changed from earlier times. The psychologist now often works as a team member of the school staff and plans an important role as a consultant. The psychologist also may help in providing research skills which may facilitate the solution of specific problems. As a behavioral scientist, the psychologist may serve to improve instruction by translating current findings in the basic science of behavior.

CONTRASTING PSYCHOLOGICAL SERVICES AT THE SECONDARY LEVEL TO SERVICES AT THE ELEMENTARY LEVEL

It is our belief that the role of the school psychologist has been relatively well defined by the trends as outlined above. However, the focus of school psychological services has been concentrated at the elementary level, primarily due to the limited number of psychologists, restricted monies, and the press for early identification for special education by state and local education agencies. Consequently, training programs have historically responded by preparing psychologists for those jobs available, located at the elementary school level.

The major role of the school psychologist at the elementary level is generally that of a diagnostician. In contrast, the role of the psychologist at the secondary level is determined by factors such as the availability of community support agencies. Roles may also differ between rural and

urban settings which may see the rural psychologist depending upon his/her own personal resources (although their training may be lacking) to provide those services which are often readily found in urban communities.

It is our belief that within any group there exists a form of collective power which determines to a great extent the specific needs of that group. It is our contention that the school community, as a group force, dictates its own needs and the individual psychologist, in order to survive, must be capable of satisfactorily meeting or conforming to these needs. Based upon this contention, psychological services at the secondary level are seldom seen as successful unless the needs at the elementary level are adequately met.

ESTABLISHMENT OF PSYCHOLOGICAL SERVICES AT THE SECONDARY LEVEL

NEEDS

While the psychometric skills of the psychologist is one of prime importance, the necessity of these skills tends to progressively decline through the intermediate and secondary levels. In the same manner the degree of testing may quantitatively and qualitatively change. While recent legislative mandates have served to temporarily increase the amount of testing at the secondary level, it has also increased the psychologists' role as a consultant. As special education money has become available, the countermovement towards mainstreaming has increased the demands of the psychologist as a consultant in serving the needs of high-risk "normal" as well as special populations.

Along with the role of the consultant is an increased demand for the psychologist to act as a referral agent. Obviously, this is more prevalent in the urban areas where referral services i.e. mental health clinics, psychiatric hospitals, etc., are available. In his/her capacity as a referral agent, the school psychologist tends to place greater emphasis on the psychological aspects of the referral, and may act as a liaison between the school and various psychiatric and medical facilities.

FITTING THE NEEDS

Frequently the demands and needs of the Area Education Agency (A.E.A.) and Local Education Agency (L.E.A.) are conflicting, placing the psychologist in the position of trying to meet the needs of both. As an employee of the

A.E.A., the professional role of the school psychologist is generally directed toward meeting the needs of special education students, while the L.E.A.'s needs may call for greater contact with regular education students. Although the psychologist must be continually aware of his A.E.A. role description, the needs of the L.E.A. must be considered as equally important. Therefore, in order for secondary psychological services to be successful, it is necessary for psychologists to be aware of the various demands and expectations placed upon him/her as an individual and a professional.

The psychologist must determine what needs at both A.E.A. and L.E.A. levels are appropriate, relying upon ethical principals and individual skills to assess his/her ability to provide those services requested. It is for this reason, of questionable adequacy in meeting designated needs, which frequently inspires psychologists to further his/her training beyond the level of minimum requirements.

WHO NEEDS ME?

Perhaps one of the most important aspects of being able to meet the needs of both A.E.A. and L.E.A. is "fitting in". If the psychologist is not accepted by those he provides services for, the environment will not be conducive for providing services at an effective level. This necessity for "fitting in" is true at all schools, both rural and urban, public or parochial. Although many may debate the appropriateness of appearance, the manner in which the psychologist presents himself to both school personnel and students will greatly affect the services required of him/her. Of course, competency is by no means any less important. Demonstration of ones

capability to provide the services required of him/her will go a long way in helping to gain acceptance. However, many times the most competent psychologist may be confronted with difficulty in providing services because of an inability to relate to the needs of the L.E.A.

A major difficulty in providing school psychological services to schools at the secondary level is the sophistication and behavioral characteristics of adolescent students. Adolescence is considered by many as a disease in itself and as such the psychologist is often faced with the task of providing services to students who will test the clinician as much as he/she will test them. Thus, in the secondary school setting, the psychologist must be capable of demonstrating a concern for all parties while remaining as objective as possible in applying his/her skills as a clinician.

OBSERVATIONS AND CONSIDERATIONS

IDENTIFICATION

The Power System as the Major Source of Referral

It has been our experience that referrals are generated in the same manner as the power is distributed in a given school. If the administration is the major source of power (direct or indirect) within a given school, then they act as a major source of referral. Thus, the rate of referrals from counselors, teachers, parents, and students frequently reflects their relative position in the power structure. If one needs to establish referrals in a high school, it is best to first study the power system and then tap it through an accessible source. To determine the power structure (referral source), one needs to observe to whom people go when they have or cause problems. Such cautious observation can then serve to direct the psychologist to an accessible source into which he/she may add their power (skills) to the system. While this procedure is time consuming, in the long range it reaps the greatest rewards.

Referral Forms

Referral forms, an ever changing phenomena, acts as the psychologist's invitation to intervene in a given situation. In general, the referral form is only incidental to the identification process in that in and of itself the form provides little useful information other than to inform the psychologist that the parents have given their consent for the assessment. Although the psychologist must certainly be aware of the needs of the person making the referral as well as those of the child, one must look at exactly who

has the problem. One cannot assume that the referral procedure identifies the person in need of psychological services.

Types of Referrals

For the most part, referrals at the junior and senior high levels are usually behaviorally related. This is in contrast to psychological referrals at the elementary level which generally reflect greater concern over learning problems. While the language used in making the referral may be brief or drawn out, its content invariably states that the student is behaving in a manner which is disturbing to some significant adult.

The types of referrals seen at the secondary level may fall in any of three categories; passive, passive-aggressive, or aggressive. The type of referral classifiable as passive, deals with such issues as failing grades or absenteeism, reflecting concerns over ability and skills. The passive-aggressive referral, which may also indicate academic failure or school avoidance, is frequently expressed as being the result of attitudinal or motivational factors. This referral is differentiated from the passive referral in that there appears to be an underlying tone denoting a suspected but not necessarily supportable degree of resistance to the school environment on the part of the student. In the aggressive referral, the student's behavior is described as being disruptive, negative, and emotional (irrational in nature). It is this willful and blatant resistance to authority which differs the passive-aggressive referral from the aggressive form.

The importance of acceptable behavior at the junior and high school levels cannot be overly stressed. While the student's problem(s) may be

rooted in several areas, his/her observable behavior is the major factor which determines if he/she will be referred to the school psychologist.

Data Collection

Following the referral phase, the psychologist must begin to assess just where the problem lies. A distinct advantage in working with adolescents is that longitudinal data is generally available. In attempting to plan intervention strategies, all available data should be taken into consideration in determining whether the problem is acute or chronic in nature. In this light, data collection, both recent and past, serves as a vital part of the intervention process. Subsequently, if correctly done, data collection should increase the probability for a successful intervention.

INTERVENTION

Once the student has been identified as needing the services of the psychologist, it is next essential to determine the appropriate strategy for intervention necessary to eliminate or reduce the problem. To a large extent, the type of intervention used will depend on the problem as well as the individual style of the psychologist. Because the problems adolescents typically experience frequently affects a significant number of other people, the effectiveness of intervention will, by necessity, depend on the ability as well as the willingness of all parties to help. Upon investigation, the psychologist may find that no one person owns the problem, but that various individuals, least of which includes the child, teacher, parent, and often time siblings, have a sharing part. A major obstacle at the high school level is the existence of a complicated inter- and intra-communication

system. With so many people linked to this system, for intervention to be effective, the psychologist must be cautious not to break down existing lines of communication.

It is important to determine which problems and "symptoms" are normal for an adolescent and which are predeterminers of a more severe problem. Adolescence represents a complicated series of developmental stages in which normal versus abnormal behaviors are often indistinguishable. Problems which arise during this time period are often situational or transitional in nature. The most common types of transitional problems are experienced by high school students during the period through which they pass in becoming independent individuals. This period of transition is marked by varying degrees of both dependence and independence and may be best classified as a period of self-dependence. At this stage, the individual wants to feel, act, or be independent, "doing their own thing", while generally lacking acceptance of responsibility for his/her actions. Students going through this transition will challenge as well as desire control which ultimately will lead to struggles for power. In working with such students, the psychologist must recognize the importance of planning the type and timing of his/her intervention. Intervention, necessary or not, is frequently perceived by the self-dependent adolescent as unwanted. The student's cooperation and motivation are major factors that must be considered at the onset. If the adolescent does not see him/herself as having problems and refuses help, then efforts by the psychologist will not be wanted and certainly will not be beneficial. The psychologist must remain aware that at times, the most successful intervention is no intervention at all. Change is a painful

experience and occurs with the passage of time. Perhaps the best thing the psychologist could and should do is to try and make sure the student is given sufficient time necessary for change to occur. Continued observation and assessment should be maintained as a check for faulty diagnosis and the existence of a more severe problem.

In essence, intervention at any stage requires the psychologist to take into account the student's perception, diagnostically eliminating the existence of significant problems and planning intervention strategies that are appropriate and necessary. Unless significant learning or emotional problems can be recognized, a conservative approach to direct intervention is encouraged.

PREVENTION

In many ways, the area of prevention at the secondary level is just beginning to be investigated by the practicing psychologist. Up to this point, identification, especially for special education programs, and intervention have been the two major functions of the psychologist. Screening for the purpose of prevention has typically been restricted to lower elementary grades. However, the psychologist at the secondary level is now beginning to see screening in a more practical and useful light. Through the use of research, the psychologist may be able to identify high-risk students i.e. potential drop outs, chronic disruptives, chronic absentees, etc. and thereby, through program intervention, attempt to assist in prevention. The psychologist's role is becoming more flexible, which allows him/her the time necessary to conduct research aiding in the screening process.

ISSUES IN PSYCHOLOGICAL SERVICES AT THE SECONDARY LEVEL

DIAGNOSTICIAN

From the beginning of school psychology, the role of diagnostician and tester have been the major and often the only roles of the school psychologist. With the increased need for special education classes, identification through testing became vitally important. Although testing is still currently necessary to the identification process, it is not seen nor encouraged by the psychologist as being a major role.

At the secondary level, the need for testing is greatly reduced by virtue of the type of problems referred which are mainly "behavioral". Through data collection, interview, and observation, the psychologist is frequently able to diagnose the problem as readily as if she/he had administered a battery of tests. Although testing results and their importance in diagnosis should not be undermined, the demand for testing at the high school level is secondary to the roles of counseling and consulting. "As efforts to mainstream mildly handicapped children into regular classes reduce the need for traditionally self-contained classes and diminish the need for diagnosticians to classify and place exceptional children, it is necessary to explore and develop alternative models for school psychological services." (Fairchild, 1976)

COUNSELING

The role of the psychologist as counselor has fast been increasing in importance as well as need. Frequently, the reluctance of the adolescent

to talk to school personnel as well as the hesitation of many school counselors to do therapy, places the psychologist in the position of counseling because of necessity rather than choice. Particularly in rural settings where only one counselor is available for both junior and senior high schools, the school counselor will not have a large amount of time available for counseling. More often than not the psychologist is also placed in a position requiring counseling where his/her training in that area is minimal. It is at this point that ethical concerns are brought up in trying to meet the needs of the L.E.A.

The types of problems, discussed previously, which many adolescents experience, often necessitate some type of intervention through counseling. However, the psychologist must be cautious and keenly aware of the severity of the problem he/she is dealing with and recognize their personal limitations in meeting the needs of the student. As the psychologist in an urban school will more frequently refer a student to a community agency for counseling, it goes without saying that the rural psychologist must be even more aware of his/her professional limitations in the area of counseling.

Although not previously mentioned, the style and needs of the psychologist will also dictate to what extent he/she functions as a therapist. Those psychologists who do not see themselves as effective or even interested in the role of counseling will reflect this in their personal approach to their job.

CONSULTING

During the past decade there has been a great deal of literature regarding the psychologist's role in the schools. The majority of such

literature condemns both psychodiagnostic and clinical approaches to school psychology (e.g. Englemann, 1967; Lighthall, 1969; Kennedy, 1971). In contrast, much has been written concerning the positive role of the psychologist as a consultant (e.g. Meyers, 1973; Waters, 1973).

At the secondary level, the psychologist is frequently called upon to provide consultative services. Such services may be provided to building administrators, instructional and support personnel, or extended to the student and/or parent. While a variety of independent methods have been proposed for consultation in the schools, only those most often used by the authors will be outlined.

Consultee-Centered Case Consultation

Inherent in the need for referral is the fact that those efforts put forth thus far have not resulted in the type or degree of change desired on the part of the referring person. Consequently, to effectively insure the desired level of change, it is necessary that the psychologist not only work with the student (directly or indirectly), but that he/she consult with the referring party as well. Such consultation, particularly with secondary teachers, while frequently dealing with a given student should more importantly focus upon improving the professional functioning of the teacher.

Program Consultant

Most urban school districts sponsor a variety of optimal educational programs. While a fraction of such alternative programs may be located at the elementary level, the majority are developed for junior high and high school aged students. Because behavior disorders appear as the major factor

resulting in student placement in such programs, the psychologist's skills in behavioral management and treatment intervention are often requested; as such, the psychologist plays a natural role in the development, operation, and evaluation of such programs.

School-Mental Health Liaison

A relatively new concept for school psychological services has been that of the school - mental health liaison. With training in both education and psychology, the school psychologist possesses general knowledge in both areas. This diversity in training enables the psychologist to translate medical or psychological language into educationally relevant terminology. Likewise, the psychologist is not seen as an outside expert who lacks the experience or awareness of the school's limitations in providing clinically requested treatment. On the other hand, the psychologist can provide valuable and time saving information concerning the diagnostic criteria necessary for special class consideration. The importance and appropriateness of the school - mental health liaison can be realized if one recognizes that the school psychologist possesses skills which are applicable to either the school or mental health setting.

In-Service Teacher Education

In-service training is an important consultation technique particularly at the secondary level. This method allows the psychologist to multiply his/her effectiveness by working with groups of teachers in upgrading a variety of areas of teacher functioning. The psychologist's need for additional skills in this area will be discussed in the following section.

TRAINING

As the demand for psychological services to secondary schools is increasing, and as these demands represent an expansion in the role of the psychologist, the adequacy of training is becoming more of a concern to both the psychologist and the schools being served. Present day training programs generally reflect an attempt to combine the principles of psychology and education in an effort to satisfy the demands of both disciplines. Ironically, the school psychologist has had little say in determining the appropriateness of his/her training. As the role of the psychologist is currently moving from diagnostician to that of counseling and consultation, the need for change in the training programs is obvious. As the move in this direction is still at an early stage, input to the training programs by the practicing psychologist is important. Thus, it is our opinion that for the psychologist to be more effective in meeting the needs at the secondary level, training programs should place more emphasis in the following areas: (1) increased skills in behavioral management, observation, and consultation, (2) introduction to criterion referenced testing using knowledge of task analysis, (3) developing skills in providing inservice, (4) increased knowledge of individual and group counseling, (5) improvement in the general area of consultation and communication, (6) Expansion of research skills applicable to school psychology, and (7) coursework specializing in adolescent development, problems, and management.

While many individual psychologists have acquired the skills as outlined above, the demands for increased services at the secondary level

necessitate that all psychologists have these skills. Therefore, the training program should not only consider the changing role of the psychologist, but also begin to evaluate their preparedness to adequately train individuals to fulfill such roles.

FUTURE TRENDS

Throughout the paper, we have seen a change in the role of the school psychologist. This has not necessarily just been the result of expansion of psychological services at the junior high and high school levels, but rather a continuum of change seen in all areas of school psychology. With the employment of psychological aides, specialization, and improvement in professional status, the future may hold a new direction for psychological services.

PSYCHOLOGICAL AIDES

Currently, psychological aides are functioning on an experimental basis in several A.E.A.'s. The use of psychological aides is not a new phenomenon, having functioned under various headings throughout the nation. Psychological aides function as individuals who are primarily responsible for administering psychological and educational tests and the collection of related data. Thus, the psychological aide provides the psychologist with the data necessary to diagnose as well as develop an intervention plan. By releasing he psychologist from this psychometric responsibility, it is our contention that his/her time will be more flexible in meeting the needs of the L.E.A. as well as more cost-effectively employed. Thus, the use of psychological aides will enable the psychologist to better meet the needs of a larger school population as well as encourage the roles of consultant and counselor.

SPECIALIZATION

As outlined under the recommendations for training programs, more coursework dealing with the behavior and problems peculiar to adolescence

is imperative. Without a firm understanding of normal as well as abnormal adolescent behavior, the psychologist's ability to make a correct diagnosis as well as plan an effective intervention is significantly reduced. It is our feeling that in the future, coursework in this area will become required for all psychologists as traditional coursework in mental retardation and learning disabilities has been mandatory today. However, it is also our contention that there is at the same time a definite need for specialized services in this area. While we do not feel that every psychologist working at the junior high and high school level should be specialized, the availability of a psychologist who is specialized in the area of adolescence is realistically feasible at an agency level.

PROFESSIONAL STATUS

Historically, school psychology has evolved in response to conditions and circumstances in special education. As a profession, school psychology has never been set apart by itself, but rather has always been linked to clinical psychology or special education. As the role of the school psychologist is changing at all level,s the need for increased coursework will undoubtedly lead to greater professional status and perhaps a beginning for separate identity. Thus, it is our belief that the trend toward psychological services at the secondary level, while representative of an overall shift in school psychology, will play an important part in the evaluation of future psychological services.

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School Psychological Services in the Secondary Schools

W. David McEchron

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School Psychological Services

in the Secondary Schools

by

W. David McEchron

The recent adoption of the area education agency (AEA) system in Iowa has made it possible to expand school psychological services into many areas which have traditionally received only token service. One of these areas is the secondary school setting. Psychological service prior to the AEAs was concentrated in the elementary schools as could be told by the great proportion of special classes in elementary buildings compared to secondary schools. This of course was an outgrowth of the emphasis on prevention of problems through early intervention.

But did early intervention accomplish its goal? Was the incidence of problems in secondary schools reduced? Data would suggest that the incidence is not less at the secondary schools, only the nature of the problems changes (Masterson 67, and Quay and Peterson 75). The nature of problems at the secondary level is not benign, and many of these problems are of a highly serious nature (Cadoret and King 74, Page 75, and Weiner 70).

The validity of these data becomes immediately appearant in those schools where full psychological services are available. Where services are not available, the full range and nature of adolescent problems is often not realized and, even more tragically, sometimes denied because of ignorance and fear.

Other barriers to service in secondary schools are AEA administrators giving it low priority, secondary special education teachers being trained in elementary methods, regular education personnel feeling that their roles are threatened, and secondary personnel not knowing how to make use of psychological services. Perhaps the greatest potential barrier to effective psychological services in secondary schools, however, is the psychologist him/herself; because if services are to

continue to expand in secondary schools, they must be the services needed there and not those traditionally offered in school psychology.

Elementary Versus Secondary Services

Change Agent

The primary focus of service is of course the student at both the elementary and secondary levels. The psychologist as a change agent, expends a great deal of energy which is aimed at different ets in the elementary and secondary schools. In the elementary schools, the student generally receives much less face to face contact with the psychologist than parents and teachers. Elementary teachers have more time available to interact with the student. Elementary students are often too young to be responsive to the kind of infrequent contacts the psychologist makes with students. At the secondary level, however, students are more ameanable to counseling and therapy on a scheduled basis, and teachers have less contact time with students. Therefore, while teachers and parents are the primary contact people for the psychologist at the elementary level, the student and parents are at the secondary level.

Environments Effected

At the elementary level student problems impact on the home and school almost exclusively. Adolescents have less restrictions placed on them by authority and are therefore more mobile. In high school students can present a problem to the home, school, and community. Of these three, school is often the least effected because oftruancy and low frequency but still serious behaviors are the hallmark of troubled adolescents.

Teacher Cooperation and Support

Perhaps there is not a correlative relationship, but it does seem that elementary teachers are more aware of student problems and willing to become involved in their solution than secondary teachers. This may be illusory, however, because

high school teachers have less opportunity for contact, and perhaps they aren't asked to become involved. Perhaps also, university training programs are geared differently; if so, this would imply a need for inservice to these secondary teachers.

Parents

Parents at the elementary level generally seem cooperative and willing to expend energy in structuring the home environment; however, they are often guarded or not willing to disclose their personal problems to others. By high school, these parents are still generally cooperative, but also seem willing to admit to family problems. Perhaps the chronicity of the situation weakens defenses by that point.

Community Agencies

At the elementary level there is some involvement with community agencies; however, at the secondary level there are a wider range of agencies to become involved in (pregnancy, drugs, delinquency, arms services, etc.) and the number of agencies involved in a single case can require considerable coordination.

Kinds of Problems

At the elementary level, behavioral, ability, and academic problems are commonplace, but true emotional difficulties are less frequent. At the secondary level, emotional problems independent of school become very evident, and emotional problems overlay academic and ability problems. Adolescence is also the age of onset for adult specific problems such as psychosis. A related phenomena is that several elementary buildings will funnel into the secondary system, creating a high incidence of severe problems which in elementary school may be spread across several buildings.

Some of the kinds of problems found at the secondard level and their relative frequency in new referrals are:

Problem *	Relative Frequency
Alcohol abuse	Medium
Alienation from family	High
Alienation from friends	Medium
Discipline and disruption in school	High
Dropout and truancy	High
Drug abuse	Medium
[illegible]nomic deprivation	High
[illegible]osexuality	Low
Incest	Low
Learning disability	Medium
Onset of psychosis	Medium
Out of control behavior outside of school (delinquency)	High
Premarital and dating problems	Medium
Retardation	Low
Run away	Medium
Suicide	High
Vocational and educational selection	Low

*Many of the above problems often overlap for a given individual; also, this list is not intended as all inclusive.

Referral

At the elementary level, the primary referral source seems to be teachers, with parents being second. It is rare for students to refer themselves in elementary school and to be articulate about their problem, but at the secondary level, this is a most common referral source.

Whose Problem

At the elementary level, a child often suffers because of the way others control his environment. At secondary age students are capable of insight and exercising choice independent of their environment; however, they often choose not to, and often their choice is to inflict pain on their environment rather than experience the distress of their own internalized anxieties.

Prognosis

If past research outcomes are valid, those children in elementary school that appear to have emotional problems tend to become socially invisible in later life (Quay and Werry 72). At secondary age emotional problems are less benign and run a high risk of continuing (Masterson 67 and Page 75). Another consideration is that by secondary age the problems are of longer standing, and if intervention has been tried, it hasn't been effective or the problem has been ignored and allowed to become deeply ingrained.

Special Education Identification

At the elementary level, considerable time is spent in placement of mental (MD) and learning disability (LD) students. At the secondary level the vast majority of MD students have been identified, and new student placements generally have a long history of documentation which can either facilitate or complicate differential diagnosis. Emotionally disabled (ED) students seem to be a group with a constant turnover, because ED problems are often transitory or because attention is always being diverted to the latest crisis case.

Program Availability

Due to the emphasis on early intervention, programs were developed early at the elementary level. It has only been since legislation made funding classrooms through student identification procedures that many secondary programs have become possible. The current state model of classifying disability areas if broad enough to cover the range of most elementary problems, but at the secondary level these guidelines don't make it possible to service many types of problems with specifically designed programs such as drugs, pregnancy, truancy, suicide, and general counseling.

Attendance

By law elementary age students are required to attend school. At the secondary level attendance is optional after age 16 or completion of 8th grade. Because of

this, many students needing special education services cannot be served. Truancy and dropping out are also serious problems for many families and create family crisis often requiring outside intervention.

Crisis Intervention

At the elementary level, crisis intervention generally revolves around classroom conduct, but at the secondary level, a crisis can mean the actual loss of life as in suicide and assault situations.

Issues

Many issues are involved in the delivery of psychological services in secondary schools. Some of these issues reflect problems central to the special education plan of the state of Iowa. Others are problems which can be resolved at the building level. All issues are ones needing official resolution through established regulations, but when these problems arise, they require immediate solution utilizing local resources and alternatives which the psychologist must be able to effectively coordinate and bring to bear on the problem.

Learning Disabilities

Two issues are important to LD services at the secondary level. The first relates to the second and is the most practical but most difficult to resolve. It has to do with the severe lack of adequate instrumentation to measure process deficits. Instruments given heavy weight in decision making at the elementary level seldom prove so at the secondary. For example, the Wepman and Bender-Gestalt tests seldom give significant results at the secondary level even when earlier evaluations have shown deficits in these areas. Reasons for these discrepancies may be that the student has developed compensatory techniques or the measurement provided by these instruments is not fine enough to measure these deficits. A source of information to be heavily relied on in these instances is the cum record with its early anecdotal comments and evaluations which may indicate the early impact of such deficits. Of course the issue is also present of how much minimal skill is required so that a process need not be considered a deficit.

The second issue relates to criteria. At the elementary level, curricula are primarily skill oriented and the definition of learning disabilities is related to the student's ability to acquire skills. At the secondary level, curricula are content oriented; skills are no longer taught as skills but are expected to be present in order to assimilate the content, and achievement is measured in terms of classroom performance on that content. It seems then that learning disabilities can no longer be defined in terms of level of skill development but must rather be defined in terms of classroom performance. Yet LD people seem stuck with the idea (and instrumentation) that LD is manifested only by skill deficiencies and that for LD to be involved in a deficiency of content acquisition the student must also demonstrate a corresponding deficiency in a skill area such as reading. This line of reasoning seems logical, but isn't it possible for a student to have adequate reading abilities but be unable to achieve in speech class because of an auditory deficit?

Mental Disabilities

Two issues that concern MD programs are also noticeable at the secondary level. The first has to do with students who were placed in MD programs at an early age and test out in high school by obtaining IQ scores above state guidelines. How do you provide for these students in regular education when all they've known is special education? Placement in LD is not an answer because most don't qualify because they cannot demonstrate a 4 year discrepancy between actual achievement and predicted achievement levels.

The second issue involves newly "discovered" MD students. Students who have failed most, if not all, their courses in regular education and demonstrate the need for special education. What can be done for that student if they have not acquired credits toward graduation but have genuinely expended time and energy in an effort to graduate; can those "failed" courses be waived (after all it's not the student's fault he was placed in a class far above his ability), or does the

student have to "make up" that course work by repeating the class in special education?

Program Restrictions

Sizeable numbers of secondary students are confronted with serious problems which do not clearly fall under the rubric of special education such as alcohol and drug abuse, truancy, etc. To place these students into ED, LD, or MD may be to do them a disservice and may also destroy the effectiveness of those programs.

Crisis Intervention

The DPI has established procedures for evaluation and placement of students in special education. To conform to the legal technicalities, many people must be involved and a certain amount of time lapse is necessary from time of referral to actual placement decision. This creates only minimal problems at the elementary level, but at the secondary level time may dictate these established procedures to be ineffective or unduly cumbersome. Case in point: A student has had a psychotic break and is threatening to take the life of a classmate and his own in a suicidal rage. Under these conditions can valuable time be reasonably expended in organizing a staffing of consultants, parents, psychologist, teachers, etc. to staff the student out of the program they are in and into a more restrictive program or can technicalities be taken care of "after the fact"?

Recommendations

It seems that the school psychologist has a responsibility for involvement in the issues mentioned above. The psychologist also has some alternative courses of action for approaching these problems. Among them:

1. Work with AEA, LEA, and building personnel to design new programs in regular education to service students not eligible for special education.

2. Work with community resource personnel in developing comprehensive systems which service student needs that are manifested outside of school.

3. Provide inservice for special and regular education personnel.

4. Conduct needs assessments for AEA and LEA administrators to make them aware of program needs.

5. Serve as a student advocate to school and community authority figures.

6. Advise the state department and AEA administration of needed guideline changes.

7. Be willing to follow the rule of thumb for effective service which states, "I'm willing to assume responsibility for the problem until someone more qualified can be found."

Skills Required

In addition to the performance skills normally associated with school psychology such as the ability to administer the WISC-R, other skills are required at the secondary level, and some, even though also needed in other settings, are particularly important at the secondary level.

Diagnosis

Each of the main disability areas (ED, LD, and MD) has particular skill needs attached to it at the secondary level.

ED: The capacity to identify adult related problems such as schizophrenia is extremely important. How is it diagnosed, and what is the prognosis for certain clusters of behaviors in adulthood?

Differential diagnosis is not enough. Diagnosis must be specific and indicate the therapeutic approach needed for that individual regardless of who is to provide that therapy. The school psychologist should be prepared to provide therapy in a variety of forms, to students and their families.

LD: Psychologists should have the ability to "weed out" LD from all of its overlaying behaviors and to infer process deficits in the absence of adequate instrumentation.

MD: Psychologists should be able to identify students who have been misdiagnosed earlier and determine what their true disabilities are, such as learning disabilties compounded by deprivation. They should also be able to identify and provide for the emotional and behavioral problems these students present.

Psychologist Characteristics

The psychologist should be able to remain non-judgmental and objective when confronted with behaviors reflective of different value systems and which at times are intended to shock or test for acceptance. This holds true for all behaviors, even when the teenager makes choices damaging to his own future.

This ability to relate to adolescents is extremely important. A key part of it is to have standards for other's behavior, never to allow practiced manipulators to get by with unacceptable behaviors, never to become angry when confronted with behaviors intended to shock, and to be willing to enforce disciplinary consequences when they are deserved.

At the same time the psychologist to be effective should be open, honest, and willing to take the risk of becoming involved in the problems of the adolescent.

Advocate

The psychologist should be capable of walking that fine line of acting as student advocate while at the same time remaining a member of the educational team. Integrity with school and client must be maintained.

Intervention

The psychologist should be able to clear-headedly deal with a crisis when it arises without crumbling under the pressure of the situation or becoming self-critical when the best devised plan of intervention proves ineffective. The psychologist should have contacts with and a working knowledge of community agencies prior to a crisis such as in the case of suicide, runaway, drugs, psychotic break, etc.

Families

The psychologist should be able to work with families without taking sides or becoming judgmental about faults of family members.

Building Staff

The psychologist should take an active leadership role in developing new programs, evaluating existing programs, and functioning as a resource for all building personnel.

Research

The psychologist in the secondary schools is in a unique position to perform meaningful research in the form of needs assessment, program evaluation, and expanding the data base and understanding of adolescent development and behavior patterns.

Other skills are certainly needed by the psychologist working in the secondary schools, but the above seem to be among the most important even if they are not an all inclusive list.

Personal Comments and Summary

In writing this paper, I have of course been writing from a personal point of view about what I have personally experienced and the values I have adopted based on that experience. The majority of my experience in secondary schools has been at Central High School in Davenport, Iowa, an inner city senior high school with an enrollment of 2,000 students.

Central High School has several resources for troubled students: an effective and enlightened administration, a cooperative staff, 7 counselors, 5 MD teachers, 2 ED teachers, 2 LD teachers, a school within a school for dropout and ED students, a full time school social worker, and a full time school psychologist. Even with all this service, there is still a great need for more service.

My role as it has developed at Central is a great deal different from the way I have performed in other assignments. For one thing, I'm full-time in a single building. Half my time is spent servicing new referrals and the MD and LD programs. The other half-time, I function as Project Coordinator of the Title IV School Within A School project which services 50 dropout and ED students, with a staff of 2 ED teachers, 3 teachers from regular education, 1 1/2 teacher associates, and a full-time school social worker.

Some of the features of psych service at Central that may be of interest are:

1. Referrals - Anyone can refer (teachers, parents, students, etc.) Roughly 50% of all initial student contacts come through the counselors; of these 1/2 are students looking for psychological help and are referred on. Another

25% are student initiated without going through anyone else prior to contact, and the remaining 25% are mostly parent initiated with a few teacher initiated contacts.

2. Evaluations - Evaluations are extensive, characteristically involving 2-3 hours of testing, 1-2 hours of interviewing, 1-2 hours of information gathering from staff and records, and 1-2 hours of parent interviewing. All of this takes place prior to any staffing for placement. The reason for such extensive evaluations is that information is gathered not only for differential diagnosis but for setting remedial and therapy goals and approaches.

3. Staffings - Prior to staffings, the different special education teams meet to review the data so that inconsistencies and differences are minimized at time of staffing.

4. Outside Referrals - No student is referred for outside help unless the expertise is not available in Central. When referrals are made, they are made only after the client and his family have been worked with for a sufficient length of time so that they can articulate their needs. Also when referrals are made, we contact the agency in advance notifying them (with permission of course) of the referral, our findings, and our recommendations for specific agency personnel to be involved and the approach to be used. We find that this approach increases referral follow through (estimated to be 95%) and facilitates agency feedback.

5. Families - Considerable family counseling and therapy are done by the social worker and myself, even marriage counseling. When extensive family work is needed (estimated to be over 10 therapy sessions) the same procedure is followed as outlined in #4 above of conducting a pre-therapy routine to facilitate referral.

6. Consultation - Considerable time is devoted to consulting with administration and staff about individual problem students and educational issues such as truancy and race relations.

7. Crisis Intervention - As our credibility has built up, we have become a first line in crisis intervention. We average two crisis situations per week such as hospitalizations of psychotic and suicide cases, runaways, family disturbance, class disturbance, parent complaints, legal and judicial and acute anxiety reactions.

8. Counseling - Considerable time is invested in on-going counseling with students in special education and regular education. The type of counseling is gamut, representative of a clinic case loan.

9. Research - Research in the form of needs assessment and program evaluation is an on-going process. Data is also being accumulated for validation and reliability of different assessment and treatment procedures.

My personal experience at Central has been the most rewarding of my professional career. I have found myself having to dust off professional skills that were long forgotten and having to acquire new skills in order to provide the service expected by building personnel, agency personnel, and students and their families.

My assignment at Central is one I'm extremely enthusiastic about. I believe secondary schools to be an area of continued expansion and an area of deeply rewarding experience for those possessing the skills to be effective and bold enough to utilize them.

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SCHOOL PSYCHOLOGICAL SERVICES

AT THE SECONDARY LEVEL

David K. Scarborough

School Psychological Services

at the Secondary Level

Any attempt to fully describe the range of possible activities and experiences of the school psychologist working at the secondary level would meet with only partial success. As each school situation is unique in terms of needs, resources and philosophy, so too is each school psychologist unique with regard to his interests and capabilities. The interfacing of the characteristics of the school and of the school psychologist produces a relationship which reflects the individual nature of the two parties. This paper will describe my own experiences within my particular situation. Other school psychologists serving secondary schools may compare my experiences and observations with those of their own. Hopefully, school psychologists who anticipate functioning in secondary schools will find some of the thoughts contained here to be of use in their preparation for that role.

The quality of the school's physical facilities available to the school psychologist can influence the type of role he fills and the extent to which his effect on the total school program is achieved. I have been fortunate to be provided by my largest high school with suitable office space within the building. This situation in my first year there has enabled me to begin developing a building-based orientation to my program of services. I feel that a building-based approach creates an optimum situation for the provision of a full range of services, particularly with a relatively large school. Advantages to this

arrangement include easy communication flow between school staff and the school psychologist and increased visibility to the general student body. (More will be mentioned later regarding the desirability of maintaining visibility to the students.)

My office at the high school is located adjacent to the special education Learning Center. This Learning Center is comprised of a multi-categorical resource room and EMR program. Such an office location facilitates interaction with the students assigned to these programs. These students have the opportunity to initiate contact with the school psychologist, and many of them make use of this opportunity. The close contact with the students in special programs holds the additional advantage of facilitating the continual monitoring of each student's progress.

Establishing positive relations with school personnel contributes to the degree of success experienced by the school psychologist in implementing his program. Preliminary visits with the superintendent, building principal, associate principals, counselors, and special education staff aid in establishing that positive professional interaction. The psychologist should also endeavor to meet with regular teaching staff members. This might best be accomplished in a larger high school by attending department meetings, rather than addressing the entire assembled staff.

In each of these situations the school psychologist is charged with selling his competencies and services. "What can you do for us?" is the question in the minds of the school staff members. In order to answer, the psychologist must be aware of his own competencies and areas of interest. These must be matched in some way to the needs of the school.

The actual form which a psychological program will take is developed by integrating the competencies of the school psychologist with the needs of the particular school which he serves. The following activities are fairly common to the services offered by the school psychologist; the list is not intended to exhaust the possible activities appropriate to the function of the school psychologist. Also, the structure by which each of these services are provided will vary between different situations.

Counseling. Sources of referrals can vary from teachers, school counselors, administrators and parents, to the students themselves. I have accepted referrals for individual counseling from all of these sources. Counseling sessions involved students enrolled in the special education programs as well as students in regular classes. Among the self-referrals I have received, concern with interpersonal effectiveness has been commonly expressed by the students. Group and peer counseling exist as possibilities for further development of this aspect of the psychological services program.

Assessment. Diagnostics are still a part of the psychologist's function at the secondary level but perhaps to a lesser degree than at the elementary level. The implementation of the resource program necessitated efforts aimed at initial identification of students with special needs, but I anticipate my school's need for this activity to gradually lessen.

Consultation. The building-based school psychologist is

in a good position to consult with special education staff regarding daily concerns. The school psychologist can also serve as a helpful resource to counselors, administrators, and regular class teachers as well.

Classroom Involvement. Classroom presentations and activities enable the school psychologist to establish personal contact with the general student body. I have had this type of contact with the child development classes at the high school. Other appropriate subject areas might be psychology and sociology classes.

Students enrolled in self-contained special education classes also stand to benefit from a variety of group activities contributing to personal growth and communication with others. My own activities in this area have focused on interpersonal relations and values.

Classroom involvement greatly increases the school psychologist's visibility to the general student population. Increased familiarity helps to lessen to some degree the aura of mysticism all too often associated with the term "psychologist."

An increase in self-referrals is anticipated to accompany the increasing visibility of the school psychologist.

I have found the faculty members to be quite enthusiastic regarding the school psychologist becoming

involved in their classes.

In-Service. Many high schools are currently establishing special education programming such as resource rooms for the first time. In-service dealing with the identification and special needs of students who require special programming can be helpful to the school staff.

My own efforts at the high school have been directed toward the special education resource staff. The high school resource teachers were included in in-service activities aimed at facilitating effective communication between teachers and their students. An AEA consultant acted as co-leader for our group; all resource teachers in the school district participated.

Many functions of the school psychologist will generalize across grade levels from elementary through secondary. Yet certain characteristics are distinctive to the secondary level. The attitudes of the high school student would be expected to differ from those he held through his younger years. Time enters as a factor; the poor achiever has had sufficient time to develop through repeated failure a deep-rooted low self concept.

The secondary student's initial reaction to receiving attention from the school psychologist can differ from that of the younger child. The adolescent often demonstrates more sensitivity to being singled out from among his peers for special attention. Activities such as assessment,

participation in special programming, and counseling are sometimes viewed by the student as setting him apart from other students. The school psychologist at the secondary level should be particularly aware of this sensitivity and structure his contact with the student so as to minimize the chances for threatening the student's dignity and causing him embarrassment. This sensitivity can sometimes be a factor when special educational programming is deemed appropriate; certain students may reject the idea of receiving special assistance that the "normal students" do not receive. The adolescent student is also generally more independent, and therefore often plays a more active role in planning his instructional program.

As the special student matures, his educational program goals will reflect a shift in emphasis from remediation to a compensatory orientation. The high school student must be taught to utilize those skills which he does possess, to his fullest benefit. Instruction will be geared toward life-coping and survival skills.

I have found the team approach to individualizing instructional programs at the secondary level to be complicated by the greater number of teachers involved with each high school student. Full staffings at the secondary level are difficult to maintain consistently. Full communication to all parties is also at times difficult to maintain. Here again the building-based school psychologist has an advantage; he has a greater opportunity to contact the teachers outside of the staffing situation.

A difference in attitude of the staff at the secondary level may be noticed also. At the elementary level the school psychologist often finds himself viewed as an authority figure, filling the role of "The Helper." The

school psychologist at the secondary level will less frequently enjoy that advantage; he finds himself instead having to establish his place within the system. The school psychologist who feels more comfortable with the more easily achieved acceptance in his elementary school may have to adjust to the situation at the high school.

The staff member at the secondary level is frequently more content-oriented than his elementary level counterpart. There may arise instances where the school psychologist needs to serve as an advocate for the individual needs of students requiring special attention, while at the same time demonstrating his understanding of the pressure on a high school to turn out quality academic product.

With the rapidly increasing incidence of violent, aggressive behavior, suicide, and vandalism among all children, including adolescents, mental health professionals are being turned to for assistance more than ever. The school psychologist is in a position to expand his role to help meet the needs of this situation. The school psychologist should endeavor to contribute to the overall mental health atmosphere of the schools. He could serve as a valuable resource to school administrators in this area. Related to this is knowledge of and use of community resources which might be utilized to meet the needs of individual situations.

I expect that the school psychologist will expand his contact with parents and parent groups. Many parents are beginning to feel that the school has assumed the responsibility for rearing their child. They feel that their own influence on the child has been belittled, underestimated, or even ignored by school officials. Resentment of the school is a natural reaction. On the other side of the matter is the frustration experienced by school personnel when attempting to deal with a "problem student" whose home life appears to be in turmoil, who receives no parental super-

vision, and whose basic needs are infrequently met at home--in other words, a child from an inadequate home environment. The school psychologist is one mental health professional who should initiate steps to bring school and parents together for the common cause of producing able, well-adjusted citizens. The training groups in parenting skills serve as an example of such steps. By these efforts parent resentment of the school is transformed into cooperation, and the school is more able to perform its function of educating its students. Increased efforts toward this end will be an area of increased emphasis for the school psychologist.

(concluding paragraph)

Programs of psychological services can vary widely according to the match-up of school psychologist and school. This paper has described my own experiences as a school psychologist functioning at the secondary level. The thoughts expressed were developed within the context of those experiences. The possibilities at the secondary level for pursuit of activities in areas of interest are numerous enough to provide each school psychologist with sufficient challenge, and ample reward for his efforts.